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The influence of alcohol and drug use on one-night stands among adolescents

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INTRODUCTION

Not all couples wait until they are married to participate in sexual relations. In fact, some people engage in sex within 24 hours of meeting their partner with no future commitment to them whatsoever (Herold & Mewhinney, 1993). The term coined for this sexual relationship is casual sex.

Casual sex can occur among strangers, acquaintances, or friends. There has been concern about the practice of casual sex due to health and emotional issues. Some health concerns include unwanted pregnancies, sexually transmitted diseases (STDs), and acquired immune deficiency syndrome (AIDS). Almost half (49%) of Herold and Mewhinney's (1993) sample made behavioral changes to reduce the risk of contracting AIDS. The participants who reported no change were in a monogamous relationship or not engaging in sexual intercourse.

The sample reported behavioral changes to include being more selective of their partners (38%), starting to use condoms (31%), waiting longer before having sex with a new partner (26%), and asking their partner about their sexual history (11%). Ten percent specifically discussed the need to reduce the risk of AIDS with a new sexual partner (Herold & Mewhinney, 1993).

Casual sex may also bring emotional concerns among those who participate in it. In 1993, Lottes found that 92% of females and 65% of men reported that emotional involvement is necessary for participating in sexual intercourse always or most of the time. The subjects were then asked if they ever had sexual relations without emotional involvement and found that 65% of men and 44% of women had. When asked how they would feel about engaging in a one-night stand, participants reported they would feel guilty

(36% of men and 71% of women) and anxious (21% of men and 23% of women). Only a small amount of participants reported to feel comfortable or relaxed (22% of men and 5% of women) or satisfied (21% of men and 1% of women).

With such high risks at stake, one might wonder why adolescents choose to participate in casual sex. The most common answer reported for participating in casual sex is that they were under the influence of alcohol and/or drugs (Kelley, et al., 2003; Luquis, Garcia, & Ashford, 2001). It appears that the lower inhibitions that adolescents display, while under the influence of alcohol or drugs, not only produce a higher risk of participating in casual sex, but also produce a decrease in using a contraceptive method during casual sex (Woodrome et al., 2006). Respondents who indicated that one partner was under the influence of alcohol or drugs were three times more likely to fail to use a condom during sex than their counterparts who were not using substances. When respondents reported both they and their partner were under the influence of alcohol or drugs, they were five times more likely to fail to use condoms than their counterparts.

Some research suggests that religion can be used as a protective factor for adolescents and thus prevent sexual risk-taking. In their research, Zaleski and Schiaffino found that greater intrinsic and extrinsic religiosity were associated with less sexual activity and condom use, regardless of gender (2000). The degree of extrinsic or intrinsic religiosity was measured by using Allport and Ross' (1967) Religious Orientation Scale (ROS). According to the scale, those who use their religion for outside purposes such as security, solace, status, and self-justification displayed extrinsic religiosity. Participants who displayed intrinsic religiosity attended church services more frequently and used religion to shape their everyday actions.

Students who were already sexually active reported lower levels of intrinsic and extrinsic religiosity but higher levels of condom use. It can be explained that more religious adolescents use less condoms because religion usually emphasizes abstaining from sex. When the abstinence method is taught, educating youth on how to engage in safe sex is usually not.

The purpose of this study is to evaluate the following hypotheses:

- As alcohol use increases, the likelihood of participating in a one-night stand also increases.
- More females than males will report that alcohol played a strong role in their participation in one night stands.
- For both men and women, the likelihood of using condoms during a one night stand will decrease when alcohol use is involved.
- As the number of sexual partners increase, the likelihood of multiple one night stands will also increase.
- For the participants who attend religious services 2-3 times a month or more, the likelihood of participating in a one night stand will decrease.

LITERATURE REVIEW

It is a known fact that in order for our species to survive, reproduction must occur. This does not produce controversy. What may produce controversy is when the act of reproduction is being performed by people who are not married, people who are not in love, or people whom some adults may feel are not old or mature enough. As you know you can have reproduction without sexual intercourse, and you can have sexual intercourse without reproduction.

How old is old enough? In 1993, Lottes found the average age for men to lose their virginity was 16.8 years and 16.9 years for their female counterparts. In 1995 researchers found that 12.4% of 12 and 13 year olds and 61.1% of 17 and 18 year olds were non-virgins (De Gaston, Jensen, & Weed,). Furthermore, 13.1% of the sexually active students lost their virginity at 12 years of age or younger, 43.3% when they were 13-14 years old, and 43.6% when they were 15 years or older (De Gaston et al., 1995). In 2007, 42% of respondents reported to have sexual intercourse by the age of 16 (Parkes et al.).

The percentages decline when questions regarding sexual activity become more specific. For example, in 2003 only 34.3% of 9th to 12th grade respondents reported having sexual intercourse with at least one partner in the past 3 months (Anderson, Santelli, & Morrow, 2006). Deptula and colleagues (2006) found that one reason adolescents may chose to abstain from intercourse before graduating high school is due to measuring the costs and the benefits of sexual intercourse. For instance, adolescents who had never engaged in intercourse reported more costs associated with sex and fewer benefits compared to their counterparts that were sexually active.

The participation in sexual intercourse rises among college age students. Reports from a two-wave study of traditional college students showed 91% and 95% of men reporting to have been sexually active and 87% and 92% of women to be sexually active (Maticka-Tyndale, Herold, & Mewhinney, 1998). When participants of a later study were asked if they had sex within the past six months, 79.8% of 18 to 24 year olds reported they had (Baskin-Sommers and Sommers, 2006). In addition, 62.4% of those students reported to have sex with multiple partners in that time.

Gordon, Carey, and Carey (1997) found that 75% of their sample, with a mean age of 24.9 years, reported multiple sex partners within the past year. Lescano and colleagues (2006) found a significant difference when assessing a younger sample in relation to multiple sex partners. Only 14.6% of teens reported that they had more than one main sexual partner within the past three months.

Casual Sex

Not all sexual relationships occur within a romantic relationship. Instead one can engage in casual sex, also referred to as a hook-up or one-night stand. Casual sex is generally defined as having sexual intercourse with an acquaintance or someone you had just met. A one-night stand is another term used for this action. A hook-up, however, is defined differently. During a hook-up, sexual intercourse may or may not occur. Among all three terms, participants engage in some form of sexual behavior for which there will likely be no future commitment (Lambert, Kahn, & Apple, 2003).

In a group of 15 to 21 year-olds, 35% reported to have engaged in casual sex (Lescano et al., 2006). Those reporting casual sex were more likely to be male. The percentage of casual sex participants increased when researchers focused on college students

only. In the two-wave study mentioned previously, 65% and 61% of males reported to have had sexual intercourse within 24 hours of meeting their partners, whereas only 34% of females reported participation at both waves of the study (Maticka-Tyndale et al., 1998).

In 1993, Herold and Mewhinney found that 80% of male college students and 59% of female college students reported to engage in casual sex. This number climbed when Lambert and colleagues conducted a similar study in 2003. Of the college students they approached on their way into the campus library, 84.2% of men and 77.7% of women had hooked-up before, which was defined as a "sexual encounter who may or may not know each other well, but who usually are not seriously dating".

Some research has found that peers influence each other to participate in casual sex or to refrain from casual sex by making pacts within their social group (Maticka-Tyndale et al., 1998). Men are more likely to make pacts to engage in hook-ups whereas women make pacts to refrain from them. Of the spring break students that participated in Maticka-Tydale and colleague's study, 76% of men and 19% of women reported they intended to hook-up with a new sexual partner while on vacation. However, only 15% of men and 13% of women did so.

It is interesting to investigate who the respondents are participating in casual sex with. Seventy-eight percent of college students reported to have engaged in a hook-up with a stranger or acquaintance (Psychology Today, 2000). Twenty-eight percent that engaged in a hook-up without sex never saw their partner again, whereas 49% who did engage in sexual intercourse never saw their partner again. When asked to indicate in which setting they met someone who they proceeded to have sexual intercourse with the same day, 70% reported to have been at a party (Herold and Mewhinney, 1993).

Hook-ups and casual sex seem to be so popular among adolescents that they perceive it to be the norm among their peers. Lambert, Kahn, and Apple (2003) evaluated college students' comfort level with casual sex, their peers' comfort level with casual sex, and the opposite gender's comfort level with casual sex. They found that participants believed other college students to be more comfortable with hooking-up than they were. This overestimation was shown among both male and female participants. Both men and women believed members of the opposite gender experienced greater comfort with hooking-up behaviors than members of that gender actually reported.

Some researchers have investigated in their study a variety of variables dealing with emotions pertaining to casual sex. When sexually experienced participants were asked if they ever had sexual relations without emotional involvement, 65% males and 44% females reported they had (Lottes, 1993). When asked whether or not emotional involvement was necessary for participating in sexual intercourse, 65% men reported that it was necessary most or all of the time whereas the vast majority of females (92%) reported that it was always necessary. This finding is interesting since such a high number of participants have engaged in casual sex with no emotional involvement before. Among both men and women, guilt is how the participants would describe their feelings after a one night stand (36% and 71% respectively). Only 21% of men and 1% of women report they would feel satisfied after a one night stand (Lottes, 1993).

Even though there is a high rate of casual sex among adolescents, not all participants have the same feelings about their encounters. In fact, 52% of women and 7% men reported that they worried about being physically harmed when they were alone with someone whom they had just met (Herold & Mewhinney, 1993). Another topic that participants worry about

is contracting a sexually transmitted disease. Both males and females report this concern as a reason why they turn down casual sex offers (Herold & Mewhinney, 1993; Lottes, 1993). Other reasons include not knowing their partner well enough or that it is too soon in their relationship for sexual intercourse, not enough love or commitment with their relationship, or wanting to stay faithful to their current partner (Lottes, 1993).

Some participants report they refrain from engaging in casual sex because they had a bad experience in the past. Forty-two percent of women reported a bad experience because they were pressured to go further than they had wanted to go (Kahn et al., 2000). Men report bad experiences with causal sex when their partner wants something more out of the relationship or when they were under the influence of substances (Kahn et al., 2000).

Sex and religion

As many have assumed, religion serves as a protective factor for a number of adolescent health related outcomes (Nonnemaker, McNeely, & Blum, 2003). It does not matter if religion is practiced privately or publicly, it has been found to lower the probability of adolescents participating in sexual intercourse.

Another factor that is found to delay the onset of sexual intercourse among adolescents is their perception of the relative costs versus benefits of their involvement in sexual intercourse. Research has found that those adolescents who are less religious and have low cognitive ability tend to be more likely to report benefits associated with sexual intercourse (Deptula et al., 2006), whereas perception of costs was greater for religious adolescents with higher cognitive abilities. Younger females reported more costs pertaining to sexual intercourse, while males reported more benefits.

High frequency of attending religious services during adolescence has also proven to delay the onset of sexual activity (Jones, Darroch, & Singh, 2005). Those who report they never attended services at 14 years of age were more likely than those who attended frequently, to initiate sex without using a contraceptive method. Furthermore, these adolescents were more likely to have engaged in sexual intercourse by age 15, 18, and 20 years than their religious counterparts.

Even though religion has proven to delay the onset of sexual intercourse among adolescents, it cannot prevent the act from occurring. It has been found that religious adolescents who engage in sexual intercourse are responsible and use some form of birth control at a statistically significant level (Miller & Gur, 2002). They also reported a lower number of sexual partners within the past year than those who are not religious. Furthermore, an increase in personal devotion to God was associated with a decrease in risk of lifetime sexual activity outside a romantic relationship.

Alcohol and/or Drug Use and Casual Sex

Reasons for participating in sexual intercourse may vary. Fifty-seven percent of women report to have used alcohol before or during sex (Boyer & Shafer, 2005). More shockingly, some students report that they were under the influence of drugs or alcohol at the time they lost their virginity. A disturbing 22.7% of female participants and 15.6% of male participants reported being under the influence of drugs or alcohol the first time they participated in sexual intercourse (De Gaston et al., 1995). In addition, high school students (25%) were twice as likely as middle school students (12.2%) to report the use of substances during their first experience. Of these students, 27.8% of the males and 55.5% of females had regrets of their first sexual experience.

Bailey, Gao, and Clark (2006) found that nearly one quarter of sexual events occurred when participants had been drinking or using drugs. The participants were less likely to drink alcohol or use nonprescription drugs with regular partners then with casual or new partners (Bailey et al., 2006; Lescano et al., 2006). We can assume this is because people feel more comfortable with regular partners than they do with casual ones. This assumption is supported by Anderson and Mathieu's (1996) research, whose participants reported they let themselves drink "more than normal" to make it easier for them to have sex with someone they had just met or who was an acquaintance.

Baskin-Sommers and Sommers found a co-occurrence of alcohol and sexual risk-taking among their participants (2006). Of those who had multiple sex partners, 41.6% ($p < .001$) used alcohol, 14.2% ($p < .01$) used methamphetamines, and 3.7% (not significant) used marijuana. Similarly, Parkes and colleagues (2007) found a high proportion of respondents (47%) to report being "drunk or stoned" on at least one of three casual sex episodes. When investigating further they found using multiple substances produced a higher risk of engaging in casual sex.

Contraceptive Methods

Adolescents are participating in sexual intercourse whether it is with a stranger or significant partner. Realizing how many adolescents are sexual active is scary. What is even more frightening is the amount of sexual activity that goes unprotected.

It was found that girls and those from less affluent backgrounds were more likely to report not using condoms (Parkes et al., 2007). Additional research found a sizeable minority (29%) of sexually experienced women aged 15-24 years did not use a contraceptive method the first time they had sex (Jones et al., 2005). Compared with White women, Black

women were twice as likely not to have used contraception during their first sexual intercourse experience. Hispanic women were 3.35 times more likely to report not to have used a contraceptive method.

In 1997, Gordon found that condoms are inconsistently used 72% of the time. Fortunately, researchers later found that number to drop to 35.1% and 49% (Baskin-Sommers, 2006; Woodrome et al., 2006). A similar study found that as we become more educated of health risks regarding unprotected sex, the rate of protection increases. Condom use increased from 46.2% to 63.0% from 1991 to 2003 (Anderson, Santelli, & Morrow, 2006). More importantly, the use of the withdrawal method or no method decreased from 32.6% to 18.8%. It was found that the group who was most likely to use the later two methods consisted of females, Hispanics, those who had been pregnant or caused a pregnancy, and those who reported feeling sad or hopeless or had considered suicide.

Specifically targeting the use of a contraceptive method with casual sex partners, Herold and Mewhinney (1993) asked their participants to respond to the statement, "If I were to have sex with someone I had just met, I would be uncomfortable suggesting to my partner that we use a condom." Only 73% of men and 61% of women reported they would feel comfortable asking their partner, while the remaining participants would feel uncomfortable or unsure. Therefore, we should not be surprised by their additional findings that only 72% of participants have ever used a condom during casual sex and only 56% reported using a condom the last time they had casual sex with someone they had just met. Of the participants who reported casual sex in the past year, 32% reported never using a condom whereas 29% reported to always use a condom.

Some adolescents suggest reasons for not using condoms consistently. They report to get in "the heat of passion" which makes them less likely to use condoms, even if their partner was someone they had just met. Only 50% of women report this behavior, whereas men report it 72% of the time (Herold & Mewhinney, 1993). Another reason women suggest is that they have the option to use a hormonal form of birth control (Herold & Mewhinney, 1993; Kelley et al., 2003).

In general, gender specific methods are reported at a higher rate by the gender most directly involved. From the data collected in 2003, Anderson found that women reported to use condoms only 57.4% of the time, where men reported to use them 68.8% of the time (2006). When looking at hormonal methods of birth control, the percentages reversed. Only 15.6% of males reported use compared to 25.7% of females.

There have been mixed findings when comparing which group uses condoms more frequently: Those who have monogamous relationships and those who have casual sex relationships. Sexually experienced subjects believe that condoms are used less frequently with those who have steady partners and more frequently with those who participate in casual sex (Ellen et al., 1996). These behaviors were found to be true by multiple researchers (Bailey et al., 2006; Lescano et al., 2006). In addition, it was found that adolescents who reported unprotected sex had higher relationship quality than those who reported protected sex (Woodrome et al., 2006).

There is a group of researchers with contradictory findings. Of the sexual events reported, only 36% were protected sex acts (Bailey et al., 2006). A majority of the protected sexual events were among participants with regular partners. Only 15% were with those reporting casual sex partners.

Kelley and colleagues (2003) measured the differences in condom use among three groups of participants: those in a single sexual relationship, those in sequential sexual relationships, and those in concurrent sexual relationships. They found that those participating in concurrent relationships were significantly less likely (47.3%) to report condom use than their counterparts in sequential relationships (55.2%) or single relationships (58.1%). The opposite was found by Harawa and colleagues (2003) where there were lower levels of condom use in cohabiting or married relationships compared to dating or casual relationships. Reports on hormonal birth control use show that adolescents in single relationships reported higher use than those in sequential or concurrent relationships (Kelley et al., 2003).

Among a sample of young urban women (mean age 18.8 years), Banikarim and colleagues (2003) got similar results. In the previous six months, 45% of participants reported never using condoms during sexual intercourse, 31% used condoms "about half of the time" or "sometimes", whereas only 24% report using them every time or most of the time. Three percent of the participants reported being pregnant at the time of the interview and 15% reported trying to become pregnant in the last year.

Substance use and condom use

The above research provides information on the frequency of condom use and other contraceptive methods. One can only assume that the frequency of contraceptive use will decrease when substance use is involved. Woodrome and colleagues (2006) found that when one partner was under the influence of alcohol they were three times less likely to use condoms than those partners who did not consume alcohol. Furthermore, when both partners

were under the influence of alcohol they were five times less likely to use condoms than their counterparts.

Among college students who drink, those who reported to get drunk before the age of 13 had a 2.0 times greater odds of having unplanned sex compared to those who never drank until the age of 19 (Hingson et al., 2003). In addition, those drunk before age 13 also had a 2.2 times greater odds of having unprotected sex due to drinking than their counterparts.

Gordon and colleagues attribute the low use of condoms to the impairment that alcohol use causes (1997). Their findings suggest that men under the influence of alcohol demonstrated lower behavioral skills to negotiate condom use and were more likely to consent to sex without a condom than their counterparts in the sober group. LaBrie, Schiffman, and Earleywine found their subjects to expect drinking to negatively impact their judgment (2002). More surprisingly, those who drank more had lower intentions to use a condom in future drinking situations.

Regular substance users are less likely to use condoms than those who are not regular users (Parkes et al., 2007). Furthermore, the onset of early substance use can predict future condom use among adolescents. Parkes and colleagues found that regular use of cigarettes, alcohol, or drugs at age 14 or 16 was associated with lower condom use at age 16. These findings were adjusted for gender and social background.

In addition, some have found that those who participate in unprotected sex report a higher number of risk factors. These factors include the use of multiple substances before or during sex, four or more sex partners in the past three months, or ever having been forced to have sex (Anderson et al., 2006; Bailey, et al., 2006; Baskin-Sommers & Sommers, 2006). The odds of not using a condom while under the influence of alcohol were 7:1; however, the

odds increased to 16:1 when under the influence of methamphetamines (Baskin-Sommers & Sommers, 2006).

Most research suggests that the use of substances causes a decrease in condom use. However, Anderson and colleagues (2006) found that there was no association with substance use among participants who practiced the withdrawal method or used no method at all. Earlier research found that of the participants who reported drinking "more than normal", 76.3% of men and 77.1% of women initiated condom use for vaginal intercourse. Of those, 76.3% of women and 67.4% of men actually used condoms during intercourse (Anderson & Mathieu, 1996).

Further research supports that those who drank higher quantities of alcohol around the time of sexual intercourse were slightly more likely to use condoms than those who drank lightly or not at all (Bailey et al., 2006). On the other hand, nonprescription drug use was associated negatively with condom use.

HYPOTHESES

My thesis will include the investigation of five hypotheses.

1. As alcohol and drug use increases, the likelihood of participating in a one-night stand will also increase.
2. More females than males will report that alcohol played a strong role in their participation of one-night stands.
3. For both men and women, the likelihood of using condoms during a one-night stand will decrease when alcohol use is involved.
4. As the number of sexual partners increase, the likelihood of multiple one-night stands will also increase.
5. For the participants who attend religious services 2-3 times a month or more, the likelihood of participating in a one-night stand will decrease.

METHODS

Study Design

The data from this study are taken from the National Health and Social Life Survey (NHSLS; Laumann, Gagnon, Michael, & Michaels, 1995). The data was collected from February to September of 1992 through a multi-stage probability design to give each household an equal probability of inclusion. The authors of the study began with selecting random cities, towns, and rural areas, followed by randomly selecting neighborhoods that fell in those selected areas. Next they randomly chose households which came to 9,004 addresses. Only one eligible individual per household was allowed to participate in the study, again selected at random. To be eligible the participant had to fall between the ages of 18 and 59 years and speak English fluently. Given the requirements, 4369 addresses had someone in the home eligible for the study. Of the eligible households, 3432 interviews were completed. Hispanics and African Americans were over-sampled.

Participants

Of the 4369 eligible subjects, 3432 volunteered to participate, a response rate of 79%. Interviewers failed to contact about 2% of the potentially eligible addresses, 17% of participants selected refused to participate, while about 3% were unwilling or unable to complete the interview.

In order to be included as a participant in the current study which used the NHSLS sample, the subjects had to fall between the ages of 18-25 years at the time of data collection and had to report that they engaged in sexual intercourse at least once within the past year. There were 570 participants that fit these requirements. They contained 247 (43.3%) males and 323 females (56.7%). The sample broken down by age includes 31 18-year-olds (5.4%);

52 19-year-olds (9.1%); 62 20-year-olds (10.9%); 81 21-year-olds (14.2%); 106 22-year-olds (18.6%); 80 23-year-olds (14.0%); 74 24-year-olds (13.0%); and 84 25-year-olds (14.7%). Their mean age was 21.99 years with a standard deviation of 2.06.

Originally participants had the choice to identify themselves as white, black, Alaskan Native/ Native American, Asian/ Pacific Islander, or specify what race they identify with. Due to the number of the participants in the current study, race was identified by three different options. The majority of the participants identified themselves as white (404 participants; 70.9%), 100 identified themselves as black (17.5%), and 66 participants identified themselves as some other race (11.6%).

The division of groups for level of education had to be altered as well. Combining the original eight groups into five educational groups resulted in 99 (17.4%) participants that had some high school education or less, 180 (31.6%) who finished high school or an equivalent, 221 (38.8%) who attended a vocational, trade, or business school, or had some college or a 2-year degree, and 67 (11.8%) who completed a 4-5 year college degree or higher. The remaining three participants did not answer this question (0.5%).

The last two demographic variables assessed were the participants' current religions and how often they reported to attend religious events. The original questionnaire was very specific offering unlimited choices of religion along with the denomination of the religion. Reducing the group of religions to three was sufficient for the current study. Most participants described themselves as belonging to the protestant religion (287; 50.4%), followed by 151 participants belonging to the Roman Catholic faith (26.5%), 45 belonging to a different religion (7.9%), and 87 reporting to have no religion (15.3%).

On the questionnaire that participants were given, they had nine choices to describe how often they attend religious services. Combining these choices to five options, 84 (14.7%) participants reported to never attend religious services, 180 (31.6%) attended services two times a year or less, 102 (17.9%) attended several times a year, 43 (7.5%) attended about once a month, and 159 (27.9%) participants reported to attend religious services two to three times a month or more. There was missing data for two participants (0.4%).

Procedure

White, female interviewers traveled to the participants' homes to conduct the interviews. There were a total of 220 interviewers who ranged from 30-40 years of age. The interviewers were veterans of other survey projects and made a commitment to work on the project under the management of the National Opinion Research Center. All interviewers were trained in Chicago.

During the interview participants were asked to respond to questions as the interviewer read from the NHSLS questionnaire and recorded the participant's answers. Some sections of the questionnaire contained sensitive subject matter. In these situations, interviewers prompted the respondent to complete a self-administered questionnaire (SAQ). At the end of the 90 minute interview, participants are asked to enclose the four SAQs in a sealed envelope. All participants were guaranteed anonymity.

Materials

The NHSLS questionnaire consists of two basic parts. The first part is the face-to-face interview and the second contains four separate self-administered questionnaires (SAQs) that were developed to increase the participants' sense of privacy. The SAQs contain sensitive information such as masturbation, overall number of sexual partners, abortion, and

drug use. The participant is prompted by the interviewer when they are to complete the four SAQs throughout the NHSLS questionnaire.

The questionnaire consists of 11 sections including: Demography (SAQ #1 and SAQ #2); Marriage and Cohabitation; Fertility; Partner Identification and 1-Year Sexual Activity; Last Event; Lifetime sexual activity; Fantasy (SAQ #3); Childhood, adolescence, and sexual victimization; Physical health; Attitudes (SAQ #4); Interviewer comments; and Text of SAQs. The total NHSLS questionnaire can be found in the book "The Social Organization of Sexuality" (1994).

Since the primary purpose of this paper is to investigate the relationship between alcohol and/or drug use and the participant's experience with one-night stands, questions used will be limited to the demography section and partner identification and one year sexual activity section, of the NHSLS. For a list of questions used from the NHSLS Questionnaire, please see Appendix.

Alcohol and Drug Use

In the current study, four questionnaire items to assess alcohol use and four items to assess drug use were analyzed. The original NHSLS data set provided four answers to each of the four questions that were asked, totaling 16 answers for alcohol questions and 16 answers for the four drug use questions asked. To simplify statistical analysis procedures, I averaged the scores provided so that each question only had one response. For example, if a participant was asked how often they or their partner drank before or during sex, there is a potential that the participant answered this question four times and gave different answers. If the participant ever answered sometimes along with a never or always, they got coded as sometimes. If they consistently reported always or never, they got coded as such.

Two-hundred-nineteen (38.4%) participants reported to have never used alcohol before or during sex, 340 (59.6%) reported to have consumed alcohol some times, and nine (1.6%) reported to always consume alcohol before or during sexual intercourse. Two participants did not answer this question (0.4%).

The second question asked whether it was the respondent only (1), the partner only (2), or both (3) consumed alcohol before or during sexual intercourse. Of the participants who used alcohol before or during sex, 42 (12.0%) reported the alcohol to be consumed by themselves only, 57 (16.3%) reported that it was consumed by their partner only, and 251 (71.7%) reported that it was used by both their partner and themselves.

The last two questions were in regards to how strongly the alcohol affected the respondent and/or partner. Participants could answer they were not at all (1), somewhat (2), or very strongly (3) affected to both of the questions asked. Of the participants, 72 (24.7%) were not affected at all, 200 (68.5%) were somewhat affected, and 20 (6.8%) were strongly affected. Seventy-six (24.8%) participants reported that their partners were not at all affected by the alcohol, 205 (67.0%) reported their partner to be somewhat affected, and 25 (8.2%) of their partners were reported to be strongly affected.

Participants were also asked whether or not they took drugs before or during sexual intercourse using the same response options. Of the 570 participants, 503 (88.2%) reported to have never used drugs before or during sexual intercourse, 66 (11.6%) reported to have used drugs some of the time, and one did not report on this item (0.2%).

Of the participants who reported to use drugs sometimes before or during intercourse, nine reported that they were the only one that used (13.2%) drugs, 21 reported that it was

their partner only (30.9%), and 38 reported that both they and their partner had used drugs (55.9%).

Of these participants that used drugs, four reported they were not affected by the drugs (8.3%), 38 reported to be somewhat affected (79.2%), and six participants reported to be very strongly affected by the drugs (12.5%). When asked how the drug use affected their partner, 57 participants provided answers. Seven of the respondents reported the drugs had no effect on their partner (12.3%), 42 reported that they had some affect (73.7%), and eight reported that the drugs strongly affected their partner (14.0%).

Sexual Activity

Each participant was asked to report on their sexual history within the past year. When asked how many partners they had sex with within the past year, 10 (1.8%) reported to have no partners, 369 (64.7%) reported to have one partner, 74 (13.0%) reported two partners, 39 (6.8%) reported three partners, 20 (3.5%) reported four partners, 28 (4.9%) reported to have between 5-10 partners, 12 (2.1%) reported to have eleven partners or more within the past year, and 18 did not provide an answer to the questions (3.2%).

One requirement of the current study was to have participated in sexual intercourse at least once within the past year. The 10 participants above who reported to have had no partners within the past year are included in the analyses because they reported to have had sex with one or more partners within the past year later in the survey. For each partner that they identified, they had to report how often they had sex with that person. If a participant reported to have sex with a partner only once within the past year, they became part of the subset which only included participants who participated in one-night stands.

After sorting through the 570 participants between the ages of 18-25 years that had sexual intercourse within the past year, 121 (21.2%) of those participants reported to have sexual intercourse with a partner only once. These 121 participants became the subset for a majority of my analyses.

Of the participants that reported to have a one-night stand, 71 (58.7%) reported to have only one one-night stand and 50 (41.3%) participants reported to have had more than one one-night stand. Of the participants with multiple one-night stand partners, 30 reported two partners (60.0%) and 20 reported to have had between three to seven one-night stand partners within the past year (40.0%).

Condom use

When asked how often condoms were used 217 reported to never use condoms (38.1%), 230 reported to use them some of the time (40.4%), and 99 reported to always use condoms during sexual intercourse (17.4%). There were 24 participants who did not answer this question (4.2%).

The participants were also asked if another method of birth control was used when they engaged in sexual intercourse. A total of 173 participants reported to never use another form of contraception (30.4%), 160 reported to use another form some of the time (28.1%), and 214 reported to always use another method of birth control when engaging in sexual intercourse (37.5%). There were 23 participants who did not answer this question (4.0%).

One-Night Stand Data Subset

To evaluate all hypotheses, it was necessary to create a subset of the sample of 570 participants. The subset only consists of those participants who responded that they had participated in a one-night stand at least once, but possibly more times in other one-night

stands with all different partners, within the past year. Of the 121 participants included in the subset, 73 are males (60.3%) and 48 are females (39.7%). Eight (6.6%) participants reported to be 18-years-old; 18 reported to be 19-years-old (14.9%); 18 reported to be 20-years-old (14.9%); 24 reported to be 21-years-old (19.8%); 22 reported to be 22-years-old (18.2%); 6 reported to be 23-years-old (5.0%); 12 reported to be 24-years-old (9.9%); and 13 reported to be 25-years-old (10.7%).

Of the 121 participants 87 identified themselves as White (71.9%), 25 as Black (20.7%), and nine identified their race as something other than White or Black (7.4%). The educational level of this group ranged from having some high school experience or less to finishing a 4-5 year college degree or more. Nineteen participants reported to have some high school or less (15.7%), 35 finished high school or the equivalent (28.9%), 49 attended vocational, trade, or business school, or had some college or a two-year degree (40.5%), 16 finished a 4-5 year college degree or more (13.2%), and two participants did not identify their level of education (1.7%).

Of the 121 participants who had participated in a one-night stand, 22 reported no current religion (18.2%), 59 reported themselves as Protestant (48.8%), 30 as Roman Catholic (24.8%), and 10 identified themselves as belonging to some other religion (8.3%). Twenty-three participants reported that they never attend religious services (19%), 69 attend two times a year or less (57.0%), 9 attend several times a year (7.4%), and 20 attend about once a month (16.5%).

When participants were asked how many partners they had sexual intercourse with over the past year, four participants reported to not have had sexual intercourse (3.3%), 24 reported to have had sex with one partner (19.8%), 16 had sex with two partners (13.2%), 30

had sex with three partners (24.8%), 10 had sex with four partners (8.3%), 22 had sex with five to ten partners (18.2%), and eight reported to have had sexual intercourse with eleven partners or more within the past year (6.6%). There was missing data for seven participants (5.8%). Please note, when analyzing data on specific partners, the four participants who reported "no partners" within the past year, provided data on one or more partners stating they did have sex on one or more occasions within the past year. The participants were kept in the study due to the limited number of participants reporting one-night stand involvement.

To compare the whole data set with the sub-set of individuals who participated in one-night stands, the same questions pertaining to alcohol, drugs, and contraception were explored. Among this group of 121 participants, 34 participants reported they never used alcohol before or during sex (28.1%), 80 reported that alcohol was sometimes used (66.1%), six reported that alcohol was always used before or during sexual intercourse (5.0%), and one did not report on this question (0.8%). When asked which partner was under the influence of alcohol it was reported by six participants that they were the only one who used alcohol (7.0%), six participants reported that only the partner used alcohol (7.0%), and 74 reported that both the respondent and partner used alcohol before or during sexual intercourse (86.0%).

Of the subset participants who reported they consumed alcohol, 14 reported that they were not affected by the alcohol at all (17.5%), 57 reported that they were somewhat affected (71.3%), and nine reported to be very strongly affected by the alcohol consumed (11.3%). Twelve participants reported that their partner was not at all affected by alcohol (15.0%), 58 reported that their partner was somewhat affected (72.5%), and ten participants reported that their partner was very strongly affected by the alcohol consumption (12.5%).

The same questions were then asked of drug use. One-hundred-six participants (87.6%) reported that they never used drugs before or during sexual intercourse where only 14 (11.6%) participants reported that they used drugs sometimes. One participant did not report (0.8%). Of the 14 participants that reported drug use, two reported that only they used drugs (14.3%), three reported that it was only their partner who used (21.4%), and the remaining nine reported that they and their partner used drugs before or during sexual intercourse (64.3%).

Of the 11 participants that took drugs, two reported to not be affected at all by the drugs (18.2%), eight reported to be somewhat affected (72.7%), and one reported to be very strongly affected by the drugs (9.1%). Of the 12 that reported that their partner had taken drugs, two reported their partner not to be affected by the drugs (16.7%), eight reported their partner to be somewhat affected (66.7%), and the remaining two reported that their partner was very strongly affected by the drugs (16.7%).

As identified above, all of the 121 participants in the sub-sample have participated in a one-night stand within the past year. Fifty participants (41.3%) report to have had more than one, one-night stand. Of the 50 participants reporting multiple one-night stands, 30 reported to have had two (60%) and 20 reported to have had between three to seven one-night stands (40.0%).

When asked about contraceptive methods, 23 participants report that condoms were never used (19.0%), 58 report they used condoms some of the time (47.9%), and the remaining 32 report to always use condoms during sexual intercourse (26.4%). Eight participants did not answer this question (6.6%). In addition, participants were asked if another form of birth control was used during sexual intercourse. Forty-three participants

reported that there was never another method of birth control (35.5%), 49 reported that they used another method some of the time (40.5%), and 22 reported to always use another form of birth control (18.2%). Data was missing for seven participants (5.8%).

RESULTS

The first hypothesis examined if the likelihood of participating in casual sex increased as alcohol or drug use increased. A chi-square analysis found a significant relationship between those who participated in one-night stands and whether they reported to use alcohol before or during sexual intercourse (χ^2 (2) = 16.50, p< .0001; see table 1). Analyses did not reveal a significant relationship between one-stand participants and how strongly they reported alcohol use to affect them (see table 2). However, there was a significant relationship for how strongly the participants perceived the alcohol to affect their partner (χ^2 (2) = 7.20, p< .05; see table 3).

Table 1.

	Was alcohol used before or during sexual intercourse?			
	Never	Sometimes	Always	Total
Participants who did not have a one-night stand	185	260	3	448
Participants who did have a one-night stand	34	80	6	120
Total	219	340	9	568

Table 2.

	How strongly were you affected by the alcohol?			
	Not at all	Somewhat	Very Strongly	Total
Participants who did not have a one-night stand	58	143	11	212
Participants who did have a one-night stand	14	57	9	80
Total	72	200	20	292

Table 3.

	How strongly was your partner affected by the alcohol?			
	Not at all	Somewhat	Very Strongly	Total
Participants who did not Have a one-night stand	64	147	15	226
Participants who did have a one-night stand	12	58	10	80
Total	76	205	25	306

It was confirmed that alcohol use played a role in the participation in a one-night stand; results did not show the same for drug use. There was no significant relationship between those who participated in a one-night stand and drug use before or during sexual intercourse, how affected participants felt from drug use, and how affected participants felt their partners to be from drug use (see tables 4, 5, and 6).

Table 4.

	Were drugs used before or during sexual intercourse?			
	Never	Sometimes	Always	Total
Participants who did not have a one-night stand	397	52	0	449
Participants who did have a one-night stand	106	14	0	120
Total	503	66	0	569

Table 5.

	How strongly were you affected by the drugs?			
	Not at all	Somewhat	Very Strongly	Total
Participants who did not have a one-night stand	2	30	5	37
Participants who did have a one-night stand	2	8	1	11
Total	4	38	6	48

Table 6.

	How strongly was your partner affected by the alcohol?			
	Not at all	Somewhat	Very Strongly	Total
Participants who did not Have a one-night stand	5	34	6	45
Participants who did have a one-night stand	2	8	2	12
Total	7	42	8	57

The second hypothesis predicted that more females than males would report that alcohol played a strong role in their participation of a one-night stand. Again a chi-square analysis was run to see if there was a significant relationship between the gender of the participant and alcohol use among those who have participated in one-night stands. No significant relationship was found. The same analyses were run to examine if drug use played a role in the participation of a one-night stand. Similar to the alcohol use findings, there was no significant relationship found for drug use as well.

The third hypothesis proposed that condom use would decrease when participants reported alcohol or drug use before or during sexual intercourse. A Pearson Chi-Square analysis found a significant relationship between these two variables (χ^2 (4) = 18.61, p< .001; see table 7). Further analyses were run to see examine if there was a difference between the two genders. The relationship between alcohol use and condom use was not significant for females; however, results were significant for males (χ^2 (4) = 17.42, p< .01). There were no significant relationships between condom use and drug use, as seen in table 8.

Table 7.

	How often were condoms used?			
	Never	Sometimes	Always	Total
Was alcohol used before or during sex?				
Never	4	12	16	32
Sometimes	17	46	12	75
Always	2	0	3	5
Total	23	58	31	112

Table 8.

	How often were condoms used?			
	Never	Sometimes	Always	Total
Were drugs used before or during sex?				
Never	18	50	30	98
Sometimes	5	8	1	14
Always	0	0	0	0
Total	23	58	31	112

The fourth hypothesis used the larger data set to investigate the relationship between the number of sexual partners over the past year and the frequency of participating in one-night stands. Chi-square analysis found a significant relationship between these variables (χ^2 (6) = 37.05, p< .0001; see table 9). Further analyses examined if there were significant findings when gender was added. There was no significant relationship for females, however, there was a significant relationship for males (χ^2 (6) = 27.94, p< .0001).

Table 9.

	One one-night stand versus multiple one-night stands		
	One	Multiple	Total
Number of sexual partners within the past year.			
No partners	4	0	4
1 partner	21	4	25
2 partners	15	1	16
3 partners	17	13	30
4 partners	4	6	10
5-10 partners	7	15	22
11 or more partners	0	8	8
Total	68	47	115

The last hypothesis proposed that there would be a negative relationship between how often participants attended religious activities and the participation in a one-night stand. Again, using the larger data set, results confirmed that as participation in religious activities increased, the likelihood of participating in a one-night stand decreased (χ^2 (4) = 10.76, p< .05; see table 10). Additional analyses were run among those who reported to have

participated in a one-night stand to examine if there was a significant relationship between participants engaging in one versus multiple one-night stands and their participation in religious activities. No significant relationship was found (see table 11).

Table 10.

	Did participant engage in a one-night stand?		
	No	Yes	Total
How often participant attended religious services.			
Never	61	23	84
2 times a year or less	136	44	180
Several times a year	77	25	102
About once a month	34	9	43
2-3 times a month or more	139	20	159
Total	447	121	568

Table 11.

	One, one-night stand versus multiple one night stands.		
	One	Multiple	Total
How often participant attended religious services.			
Never	13	10	23
2 a year or less	21	23	44
Several times a year	19	6	25
About once a month	5	4	9
2-3 times a month or more	13	7	20
Total	71	50	121

DISCUSSION

The purpose of this study was to examine the effect that alcohol and drug use has on adolescents' participation in casual sex. Also investigated was whether alcohol and/or drug use would decrease the likelihood of using a contraceptive method. The study furthermore examined if there was a significant difference in the number of sexual partners participants had over the past year by comparing those who reported to engage in one-night stands with those who did not have one-night stands within the past year. Lastly, the relationship between religion and participation in casual sex was analyzed.

Alcohol and Drug Use and Casual Sex

The first hypothesis in this study, that with an increase in the use of alcohol there is an increase in the participation in one-night stands, was supported by the results. The more the participants reported to consume alcohol, the more likely they were to engage in casual sex. In addition, the more they reported alcohol to strongly affect them and their partners, the more likely they were to engage in casual sex. This data is supported by another study that found that adolescents drank more than normal to make it easier for them to engage in casual sex with an acquaintance or someone they had just met (Anderson & Mathieu, 1996).

The same analyses were run to test if drug use is a predictor in the participation of a one-night stand. Results did not support this part of the hypothesis. The only significant finding in relation to drug use was that if the participant reported to be strongly affected by drugs, they reported their partner to be affected as well.

There is a methodological problem in this area of research. Generally, drugs are linked together with alcohol so it is not apparent whether drugs alone, alcohol by itself, or both influence participation in casual sex partners (Bailey et al., 2006; Lescano et al., 2006).

When past research has analyzed drug use separately, researchers have looked at the relationship between drug use and sexual intercourse as a whole opposed to specifying if there is a relationship between drug use and casual sex (Baskin-Sommers and Sommers, 2006).

The second hypothesis predicted that more females than males would report that alcohol or drugs played a role in their participation in a one-night stand. This hypothesis was only partially supported. While there was evidence that more females than males reported to be under the influence of drugs before or during sexual intercourse, there was no strong evidence in the other analyses, especially those which investigated gender and the use of alcohol before or during sex.

Alcohol/Drugs and Condom Use

The third hypothesis predicted that condom use would decrease when participants used drugs or alcohol. This hypothesis was supported. Most research suggests that there is either a relationship between alcohol and/or drugs and condoms use (Anderson et al., 2006; Anderson & Mathieu, 1996; Bailey, et al., 2006; Baskin-Sommers & Sommers, 2006; Gordon et al., 1997; LaBrie et al., 2002; Parkes et al., 2007; Woodrome et al., 2006) or that alcohol use can predict that casual sex will occur (Hingson et al., 2003).

Researchers have found casual sex to go unprotected anywhere from 5 to 16 times more among adolescents who use drugs and alcohol as compared to their counterparts who do not (Baskin-Sommers & Sommers, 2006; Woodrome et al., 2006). Not only do substances cause a lower rate of condom use, but they also influence adolescents to engage in unplanned sexual intercourse (Hingson et al., 2003).

Additional analyses were run to examine if the use of substances also decrease the use of other birth control methods. Findings were not significant. A reasonable explanation could be that most other forms of birth control used are hormonal methods. Hormonal methods are not required to be used directly before intercourse, but instead are used on a daily, weekly, monthly, or tri-monthly basis. This decreases the chance that substances affect the use of a hormonal method of birth control.

Frequency of Casual Sex Partners

The fourth hypothesis predicted that participants who participated in casual sex would report a higher number of different sexual partners within the past year, than those who did not engage in casual sex. Findings support this hypothesis.

Past research has found that males and females do not differ in how many lifetime sexual partners and number of casual sex partners they have had (Herold & Mewhinney, 1993). Of the adolescents, 17% reported one partner, 21% had two to three partners, 36% had four to ten partners, and 26% reported more than ten partners. These percentages are dramatically different from the sexually active adolescents in the NHSLS (1995). A much higher 68% reported only one partner, 21% reported two to three, 9% reported three to four, and only 2% reported more than ten partners.

It is hard to find research that has separated participants into groups based on if they had participated in casual sex versus sex within a relationship. Lescano and colleagues (2006) did just this and found a statistically significant difference between the means of their group of participants who reported casual sex partners and those who reported to have main sex partners (M= 3.24 vs. M= 1.34 respectively). They found more females to be in the main partner group and more males to be in the casual sex partner group.

Casual Sex and Religiosity

The last hypothesis proposed that casual sex would decrease as participants reported a higher frequency of attending religious events. This hypothesis was supported. Additional analyses found that participating in religious events decreased the number of different sexual partners participants reported over the past year. Previous research suggests that participating in religious events serves as a protective factor and prevents adolescents from engaging in sexual intercourse (Nonnemaker et al., 2003; Zaleski & Schiaffino, 2000). Religion also has been known to delay the onset of sexual activity (Deptula et al., 2006; Jones et al., 2005). This could be due to adolescents' beliefs that there are more costs than benefits associated with sex (Deptula et al., 2006).

Limitations

This study used the data set from the National Health and Social Life Survey (1992). This data set was chosen because it contained answers to questions regarding sexual intercourse, whether with main partners or casual partners, the influence that drugs or alcohol may have had on their sexual experience, if condoms or another contraceptive method was used, and how often they attended religious events.

This data set did offer information to answer the research questions in this thesis; however, there were some limitations that need to be addressed. First off, data from the NHSLS was collected from interviews in 1992. A lot has occurred within this sixteen year time gap. One major difference is the continuing research and education pertaining to AIDS and STDs. More is known of these health risks and is therefore discussed more in school systems and through the media to name a couple. Even though the scare of contracting AIDS

or a STD may not prevent adolescents from engaging in sexual intercourse, it may make them more likely to protect themselves.

The second limitation to this data set is that the NHSLS only asked participants to provide information on the 13 most important sex partners they had over the past year. One concern of this methodology is that participants could have omitted partners whom they had a one-night stand with because they didn't view them as important. This could have occurred whether the participant listed 13 partners or fewer. A study from by Lambert et al. (2003) found that 77.7% of women and 84.2% of men had hooked up before. Hooking up was defined as a "sexual encounter between two people who may or may not know each other well, but who usually are not dating." This is a significant difference from the NHSLS data set in which only 14.9% of women and 29.6% of sexually active men reported to have sex with a partner only once.

The main purpose of this study was to determine if alcohol and drugs influence adolescents to participate in a one-night stand and whether this influence causes them to use contraceptive methods at lower rates than those who were not under the influence. Significant results were found; however, there is potential that these findings are misleading. As reported above, participants were asked to report on their 13 most important sexual partners over the past year. One would assume that there would be an answer to these questions for each sexual partner they reported on. This was not the case. For all questions regarding drugs, alcohol, condom use, and use of other birth control methods, there were four answers given. Since there was no way for me to match them up with a specific partner, the scores were averaged.

The above prevents us from pairing specific behaviors with one-night partners. For instance, if a participant who reported a one-night stand also reported to have a more serious partner who they engaged in sex with more than ten times, the questions to the alcohol, drugs, condom use, and use of other birth control method would have the answers to both of those partners averaged together.

I mentioned not being able to make the link between a specific sex partner and the use of substances or contraceptive methods. Another specific link that could not be assessed was how substance use affected condom use. I was unable to determine if being strongly affected by a substance specifically caused the non-use of condoms in a specific sexual experience.

To answer some research questions, it was necessary to create a subset which included only those participants who reported to engage in sex with a partner only once in the past year. Inconsistencies were found between specific partners that participants reported on and the number of sexual partners they had within the past year. For instance, some participants reported they had a partner who they had sex with one or more times; however, they reported to have no partners when asked specifically how many partners they had within the past year. Among the larger data set there were 10 participants who reported to have zero partners, but who answered questions that included how many times they had sex with a specific partner in the past year. Among the subset of participants who reported to have at least one one-night stand, four reported to have no partners but reported they had sex with a partner one or multiple times in other questions.

If the data set had been larger, the decision would have been made to throw out those cases due to inconsistent reports of sexual activity. However, since the subset included a limited number of participants, the decision was made to keep those participants in the study.

Summary

As found in this study and others, the use of substances before or during sexual intercourse decreases the rate in which condoms are used. Educating adolescents of the impairment that substance use can cause should help prepare them to make more educated decisions such as engaging in sexual intercourse while under the influence.

Future research in adolescent sexuality needs to investigate additional variables to include personality characteristics that could contribute to participating in sex, such as self-esteem. Additional demographic variables that might show significance include parental level of education, adolescent level of education, and socio-economic status.

Although the amount of literature in this area is growing, it is still minimal. The current and future research in this subject area will help professionals becomes aware of risky situations that adolescents subject themselves to. It is important to study adolescents' involvement in casual sex so professionals can provide appropriate information to adolescents and parents through prevention, intervention, and enrichment measures.

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Table 12.

Demographic Variables of Data Set and One-Night Stand Subset

Variable	Data Set (n= 570)		Subset (n= 121)
Gender			
Male (60.3%)	247	(43.3%)	73
Female (39.7%)	323	(56.7%)	48
Age			
18 years (6.6%)	31	(5.4%)	8
19 years (14.9%)	52	(9.1%)	18
20 years (14.9%)	62	(10.9%)	18
21 years (19.8%)	81	(14.2%)	24
22 years (18.2%)	106	(18.6%)	22
23 years (5.0%)	80	(14.1%)	6
24 years (9.9%)	74	(13.0%)	12
25 years (10.7%)	84	(14.7%)	13
Race			
White (71.9%)	404	(70.9%)	87
Black (20.7%)	100	(17.5%)	25
Other (7.4%)	66	(11.6%)	9

Table 12. (continued)

Demographic Variables of Data Set and One-Night Stand Subset

Variable	Data Set (n= 570)		Subset (n= 121)
Education			
High school or less (15.7%)	99	(17.4%)	19
Finished high school or equivalent (28.9%)	180	(31.6%)	35
Voc./Trade/Bus./Some/2 yr degree (40.5%)	221	(38.8%)	49
Finished 4-5 year degree or higher (13.2%)	67	(11.8%)	16
Missing (1.7%)	3	(0.5%)	2
Religion			
None (18.2%)	87	(15.3%)	22
Protestant (48.8%)	287	(50.4%)	59
Roman Catholic (24.8%)	151	(26.5%)	30
Other (8.3%)	45	(7.9%)	10
How often religious events are attended			
Never (19.0%)	84	(14.7%)	23
Two times a year or less (57.0%)	180	(31.6%)	69
Several times a year (7.4%)	102	(17.9%)	9
About once a month (16.5%)	43	(7.5%)	20
Two-three times a month or more (0.0%)	159	(27.9%)	0
Missing (0.0%)	2	(0.4%)	0

Table 12. (continued)

Demographic Variables of Data Set and One-Night Stand Subset

Variable	Data Set (n= 570)		Subset (n= 121)
How often was alcohol used before or during sexual intercourse?			
Never	219	(38.4%)	34 (28.1%)
Sometimes	340	(59.6%)	80 (66.1%)
Always	9	(1.6%)	6 (5.0%)
Missing	2	(0.4%)	1 (0.8%)
Was that you, your partner, or both?			
Respondent only	42	(12.0%)	6 (7.0%)
Partner only	57	(16.3%)	6 (7.0%)
Both respondent and partner	251	(71.7%)	74 (86.0%)
How strongly were you affected by the alcohol?			
Not at all	72	(24.7%)	14 (17.5%)
Somewhat	200	(68.5%)	57 (71.3%)
Very strongly	20	(6.8%)	9 (11.3%)
How strongly was your partner affected by the alcohol?			
Not at all	76	(24.8%)	12 (15.0%)
Somewhat	205	(67.0%)	58 (72.5%)
Very strongly	25	(8.2%)	10 (11.3%)

Table 12. (continued)

Demographic Variables of Data Set and One-Night Stand Subset

Variable	Data Set (n= 570)		Subset (n= 121)
How often were drugs used before or during sexual intercourse?			
Never	503	(88.2%)	106 (87.6%)
Sometimes	66	(11.6%)	14 (11.6%)
Always	0	(0.0%)	0 (0.0%)
Missing	1	(0.2%)	1 (0.8%)
Was that you, your partner, or both?			
Respondent only	9	(13.2%)	2 (14.3%)
Partner only	21	(30.9%)	3 (21.4%)
Both respondent and partner	38	(55.9%)	9 (64.3%)
How strongly were you affected by the drugs?			
Not at all	4	(8.3%)	2 (18.2%)
Somewhat	38	(79.2%)	8 (72.7%)
Very strongly	6	(12.5%)	1 (9.1%)
How strongly was your partner affected by the drugs?			
Not at all	7	(12.3%)	2 (16.7%)
Somewhat	42	(73.7%)	8 (66.7%)
Very strongly	8	(14.0%)	2 (16.7%)

Table 12. (continued)

Demographic Variables of Data Set and One-Night Stand Subset

Variable	Data Set (n= 570)		Subset (n= 121)
How often were condoms used?			
Never	217	(38.1%)	23 (19.0%)
Sometimes	230	(40.4%)	58 (47.9%)
Always	99	(17.4%)	32 (26.4%)
Missing	24	(4.2%)	8 (6.6%)
How often were other methods used?			
Never	173	(30.4%)	43 (35.5%)
Sometimes	160	(28.1%)	49 (40.5%)
Always	214	(37.5%)	22 (18.2%)
Missing	23	(4.0%)	7 (5.8%)
Did you participate in a one-night stand within the past year?			
No	449	(78.8%)	0 (0.0%)
Yes	121	(21.2%)	121 (100%)

Table 12. (continued)

Demographic Variables of Data Set and One-Night Stand Subset

Variable	Data Set (n= 570)		Subset (n= 121)
How many sex partners have you had in the past year?			
No partners (3.3%)	10	(1.8%)	4
1 partner (19.8%)	369	(64.7%	24
2 partners (13.2%)	74	(13.0%)	16
3 partners (24.8%)	39	(6.8%)	30
4 partners (8.3%)	20	(3.5%)	10
5-10 partners (18.2%)	28	(4.9%)	22
11 or more partners (6.6%)	12	(2.1%)	8
Missing (5.8%)	18	(3.2%)	7
Did you have one or multiple one-night stands in the past year?			
One one-night stand (58.7%)	---	-----	71
Multiple one-night stands (41.3%)	---	-----	50
How many one-night stands have you participated in over the past year?			
1 (58.7%)	---	-----	71
2 (24.8%)	---	-----	30
3-7 (16.5%)	---	-----	20

APPENDIX

Questions used from the National Health and Social Life Survey Questionnaire

Section 1: Demography

1. What is your date of birth?
2. What was the highest grade or year of schooling completed?

   (1) High school or less

   (2) Finished high school or equivalent

   (3) Vocational/Trade/Business/Some/Two-year Degree

   (4) Finished 4-5 year degree or higher
3. What is your race?

   (1) White

   (2) Black

   (3) Other
4. What is your current religious preference?

   (0) None

   (1) Protestant

   (2) Roman Catholic

   (3) Other
5. How often do you attend religious services?

   (0) Never

   (1) Two times a year or less

   (2) Several times a year

   (3) About once a month

(4) Two-three times a month or more

Section 4: Partner Identification and One Year Sexual Activity

1. Thinking back over the last 12 months, how many people, including men and women, have you had sexual activity with, even if one time?

The following questions are asked off of a "Partner Roster" form, and recorded in that roster for each sexual activity partner the participant reports to question 1.

2. How many times did you have sex with (partner) in the past 12 months?
   (1) Only once
   (2) Two to ten times
   (3) More than 10 times
3. First, I would like to ask you some questions about alcohol use. Did you or your partner drink any alcohol before or during sex?
   (1) Never
   (2) Sometimes
   (3) Always
4. Was that you, your partner, or both?
   (1) Respondent only
   (2) Partner only
   (3) Both respondent and partner
5. How strongly were you affected by the alcohol?
   (1) Not at all
   (2) Somewhat
   (3) Very strongly

6. How strongly was (partner) affected by the alcohol?

   (1) Not at all

   (2) Somewhat

   (3) Very strongly

7. Did either you or (partner) use any drugs to get high or intoxicated before or during sex?

   (1) Never

   (2) Sometimes

   (3) Always

8. Was that you, your partner, or both?

   (1) Respondent only

   (2) Partner only

   (3) Both respondent and partner

9. How strongly were you affected by the drugs?

   (1) Not at all

   (2) Somewhat

   (3) Very strongly

10. How strongly was your partner affected by the drugs?

    (1) Not at all

    (2) Somewhat

    (3) Very strongly

The following questions pertain to male/female couples only.

Now I will ask you some questions about vaginal intercourse. By vaginal intercourse, we mean when a man's penis is inside the women's vagina.

11. When you had vaginal intercourse with (partner), did you use condoms?

    (1) Never

    (2) Sometimes

    (3) Always

12. When you had vaginal intercourse with (partner), did you use any other methods of birth control?

    (1) Never

    (2) Sometimes

    (3) Always

Created Variables

13. Participants who had a one-night stand.

    (1) No

    (2) Yes

14. Participants who had one, one-night versus multiple one-night stands.

    (1) One one-night stand

    (2) Multiple one-night stands

15. How many one-night stands did each participant have?

    (1) None

    (2) One

    (3) Two

    (4) Three to seven